



**CUSTOMER
COMPLAINT/COMPLEMENT FORM**

*TMDA/DG/CPE/F/001
Rev #:03*

Part I: Customer Particulars

Name: Title:

Company:..... Address:.....

Phone No:..... E-mail:.....

Signature:..... Date:.....

Part II: Description of complaint/ complement

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Received by: Signature: Date:

Part III: Review of complaint/complement by Manager, Communication and Public Education/Zone Manager and action taken.

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Signature: Date: